

LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

393

Lobbyist's Registration Number

Instructions

- Print in ink or type.
- Complete form and return to Board of Ethics, 2415 Quail Dr., 3rd Floor, Baton Rouge LA 70808, (225) 763-8777 or (800) 842-6630. No fee is required.
- This form must be submitted within 5 days of any changes in your registration, to add employees or those you represent, or if you cease all activities requiring registration. It must be submitted within 10 days of any terminations of employment or representations.

1. NAME Bishop Cindy G.
Last _____ First _____ MI _____2. BUSINESS PHONE (225) 92315993. BUSINESS ADDRESS PO Box 80053 Baton Rouge LA 70891
Street and No. _____ City _____ State _____ Zip _____

MAILING ADDRESS _____ Street and No. _____ City _____ State _____ Zip _____

4. EMPLOYER Checkmate Strategies5. EMPLOYER'S ADDRESS Same as above
Street and No. _____ City _____ State _____ Zip _____

6. Have you ceased or terminated all lobbying activities requiring registration? Yes _____ No _____

7. LIST BELOW (a) Names of persons, groups, or organizations which you are adding or eliminating; (b) the address of each such person, group, or organization listed; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby; and (e) the date of termination if applicable.

1. Name Child Care Association of La.
Address P.O Box 385 Vidalia LA 71353Business or purpose nonprofit professional assn. New Representation
Does this person pay you? yes

If No, who pays you? _____

 Terminated Representation as of _____

SUPPLEMENTAL REGISTRATION FORM

2. Name _____

Address _____

Business or purpose _____

 New Representation
Does this person pay you? _____

If No, who pays you? _____

 Terminated Representation as of _____

3. Name _____

Address _____

Business or purpose _____

 New Representation
Does this person pay you? _____

If No, who pays you? _____

 Terminated Representation as of _____**CERTIFICATION OF ACCURACY**

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; and that no information required by the Lobbyist Disclosure Act [LSA-R.S. 24:50 et seq.] has been deliberately omitted.

Signature of Lobbyist

Form 101, Rev. 10/00/02